



Florida State
University
 Office of Financial Aid

Name _____

Empl ID _____

Student Phone _____

STUDENT ONLY

**2019/2020 SPECIAL CIRCUMSTANCE
 EMERGENCY MEDICAL EXPENSE (FASPME)**

*Approved Special Circumstances do not guarantee any additional aid will be awarded.
 Excluding peak periods, the estimated timeframe for a review is 6 to 8 weeks.*

This application is for medical expenses **NOT** covered by insurance for which a doctor/dentist has determined the procedure an emergency to be done at this time. Please fill out the following information.

Medical condition: _____

Treating Physician: _____

Physician's Address: _____

Physician's Phone: _____

Required documentation to be attached to this application when submitted for consideration.

- Statement from Physician
- Copies of receipts of payments
- Statement from student describing the situation.

I/We certify that the information listed above is correct to the best of my/our knowledge.

 Student Signature

 Date

 Parent Signature

 Date